

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 14-FEB-2015		TIME 00:29:00		2. ADDRESS OF OCCURRENCE 1315 W 73RD ST CHICAGO, IL 60636				3. LOCATION CODE 304		4. BEAT/OCCUR 0734				
MEMBER INVOLVED  DNA	5. POSITION 9161 PIPER		6. LAST NAME PIPER		7. FIRST NAME LIONEL H		8. STAR NO. 14650		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10. RACE CODE BLK			
	11. DATE OF APPT. 13-SEP-1999		12. EMPLOYEE NO. [REDACTED]		13. UNIT & BEAT OF ASSIGNMENT 006 4270C		14. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		15. MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16. MEMBER IN UNIFORM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SUBJECT INFORMATION  DNA	17. LAST NAME ROBERTSON		18. FIRST NAME DARELL		19. M.J. [REDACTED]		20. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		21. RACE BLK		22. HT. 507			
	23. ADDRESS [REDACTED]		24. TELEPHONE NO. [REDACTED]		25. WAS SUBJECT ARMED/OTHER (SPECIFY) VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
REASON FOR USE OF FORCE (Check all that apply)  DNA	28. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST		29. BY WHOM? [REDACTED]		30. CONDITION <input checked="" type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized <input type="checkbox"/> Refused Medical Aid		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
	33. CHARGES PLACED				34. DNA		35. CRIMINAL ID NO. 19061912		36. IR NO.		37. DNA			
WEAPON DISCHARGE INCIDENT  DNA	38. SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		39. MEMBER'S RESPONSE MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____		40. PASSIVE RESISTER FILED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		41. ACTIVE RESISTER IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		42. ASSAULTANT/ASSAULT ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		43. ASSAULTANT/BATTERY USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER FIREARM/VEHICLE _____			
WEAPON DISCHARGE INCIDENT  DNA	44. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				45. ADDITIONAL INFORMATION OFFICER OBSERVED THE OFFENDER ATTEMPT TO PULL A SEMI-AUTO HANDGUN FROM HIS INNER POCKET, IN FEAR OF HIS LIFE, OFFICER DISCHARGED HIS FIREARM. OFFENDER ALSO USED HIS VEHICLE IN AN ATTEMPT TO RUN DOWN OFFICERS.									
	46. POSITION		47. STAR NO.		48. UNIT		49. INCIDENT OCCURRED Indoors <input type="checkbox"/> Outdoors <input checked="" type="checkbox"/>		50. LIGHTING CONDITIONS 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/>		51. WEATHER CONDITIONS CLEAR			
WEAPON DISCHARGE INCIDENT  DNA	52. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMIAUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 SHOTGUN <input type="checkbox"/> 05 OTHER		53. INCIDENT OCCURRED 01 YES <input checked="" type="checkbox"/> 02 NO		54. LIGHTING CONDITIONS 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial <input checked="" type="checkbox"/>		55. OC/CHEMICAL WEAPON SPRINGFIELD ARMORY M1A		56. MODEL XD		57. BARREL LENGTH 5		58. CALIBER/GAUGE 40 S&W	
WEAPON DISCHARGE INCIDENT  DNA	59. TASER DART ID NO. US416863		60. WEAPON SERIAL NO. (Include Letters)		61. CHICAGO GUN REG. NO. R004422S		62. FIREARM OWNER ID. NO. [REDACTED]		63. HANDGUN CERTIFICATE NO.					
WEAPON DISCHARGE INCIDENT  DNA	64. SPECIAL WEAPON CERTIFICATE NO.		65. PROPERTY INVENTORY NO.		66. TYPE OF AMMUNITION USED Department Issued		67. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		68. TOTAL NO. OF SHOTS MEMBER FIRED 4					
WEAPON DISCHARGE INCIDENT  DNA	69. WHO FIRED FIRST SHOT 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER <input type="checkbox"/>		70. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input checked="" type="checkbox"/> 02 NO <input type="checkbox"/>		71. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		72. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		73. DID MEMBER USE SIGHTS 01 YES <input checked="" type="checkbox"/> 02 NO <input type="checkbox"/>					
WEAPON DISCHARGE INCIDENT  DNA	74. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) DNA		75. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 11 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. <input type="checkbox"/>											
WEAPON DISCHARGE INCIDENT  DNA	76. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>		77. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <input type="checkbox"/>											
CASE INFO.	78. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
SIGNATURES	79. REPORTING MEMBER (Print Name) PIPER, LIONEL H 14-FEB-2015 06:52:04				80. STAR/EMPLOYEE NO. 14650		81. SIGNATURE		82. DATE REVIEWED 14-FEB-2015		83. TIME 06:52:38			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.													
74. REVIEWING SUPERVISOR (Print Name) SLOYAN, GREGORY J														

1504500318

ON INDEX  
ON FILE

HY150990

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject hospitalized and refused to provide a statement.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the Undersigned that Officer Lionel Piper #14650 acted in compliance with Department policy. Officer Piper observed the offender ROBERTSON, Darrell, IR#2017705, attempt to pull a semi-auto handgun from his inner pocket while driving his vehicle in the officers' direction. Upon observing this, Officer Piper fired his weapon in fear for his life and the lives of Officer Wenceslao Zavala #8928 and Officer Richard Antonson #19692. Log Number 1073787 was issued for this incident. U#15-003.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/ACRNG. 1073787 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

ALEXANDER, DANA

SIGNATURE

DATE COMPLETED TIME  
14-FEB-2015 07:43:12

### 79. TOTAL TBS THIS EVENT No.

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO: **HY150990**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>PIPER, LIONEL H</b>		1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/>	
STAR NO. <b>14650</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE: <b>1315 W 73RD ST</b>	
DATE OF APPOINTMENT <b>18-SEP-1999</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> <b>CHICAGO</b>	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>212</b>	BEAT/CALL NO. <b>4270C</b>	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>0734</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DATE OF OCCURRENCE <b>14-FEB-2015</b>	TIME <b>00:29:00</b>
HEIGHT <b>508</b>	WEIGHT <b>208</b>	DAY OF WEEK <b>SATURDAY</b>	
NO. OF OFFICERS BATTERED <b>3</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>2</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>2</b> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER <hr/> <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input checked="" type="checkbox"/> B. VEHICLE <hr/> <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DOB [REDACTED]	
CB NO. <b>19061912</b>	IR NO.		
TYPE OF INJURY TO OFFICER			
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
NO. OF OFFENDERS PRESENT? <b>1</b>			
LIGHTING CONDITIONS AT INCIDENT			
A. DAYLIGHT <input type="checkbox"/>	D. DUSK <input type="checkbox"/>	WEATHER CONDITIONS	
B. NIGHT <input type="checkbox"/>	E. ARTIFICIAL LIGHT <input checked="" type="checkbox"/>	A. CLEAR <input checked="" type="checkbox"/>	D. FOG / SMOKE / HAZE <input type="checkbox"/>
C. DAWN <input type="checkbox"/>	1. POOR <input type="checkbox"/>	B. RAIN <input type="checkbox"/>	G. OTHER <input type="checkbox"/>
		C. SNOW <input type="checkbox"/>	F. SEVERE CROSS WIND <input type="checkbox"/>
APPROXIMATE OUTDOOR TEMPERATURE: <b>20 °F</b>			

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE  
PIPER, LIONEL H

STAR NO.  
14650

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
ALEXANDER, DANA